



TCS Mentor Application

Please return to Wes Chandler at wchandler@fbd.org

Full Name: _____ Date: _____

Address: _____

Phone: _____ Email Address: _____

Have you ever worked for this company?: (Please Circle) YES NO

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Have you graduated? _____

Overall GPA: _____

Other: _____ Address: _____

From: _____ To: _____ Have you graduated? _____

Special
Accreditations: _____

PREVIOUS EMPLOYMENT/VOLUNTEERISM

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title/Volunteer duty: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company/Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title/Volunteer duty: _____

Responsibilities: _____

From:_____ To:_____ Reason for Leaving:_____

REFERENCES

Full Name:_____ Relationship:_____

Company:_____ Phone:_____

Full Name:_____ Relationship:_____

Company:_____ Phone:_____

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. How dedicated are you willing to be as a mentor?

1 2 3 4 5

2. How comfortable are you with being a mentor?

1 2 3 4 5

3. How confident are you in your resume building skills?

1 2 3 4 5

4. How confident are you in an interview setting?

1 2 3 4 5

5. How comfortable are you in a professional work environment?

1 2 3 4 5

6. How confident are you in your social skills?

1 2 3 4 5

7. How confident are you in your ability to resolve conflict?

1 2 3 4 5

8. Why do you want to become a mentor?

9. Do you have any previous experience with mentoring? If so, please specify.

10. What qualities, skills, or other attributes do you feel you have that would benefit a student?

11. What hours would you be available during the week?

12. How long do you think you would be available to mentor?

13. How would you describe yourself as a person? How would others describe you?
14. What do you feel is your biggest strength? Weakness?
15. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
16. Optional – Have you ever received treatment for alcohol or substance abuse?
17. Are you willing to communicate regularly and openly with program staff, provide weekly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Please initial each of the following:

_____ I understand that my participation in the mentoring program is dependent on the satisfactory results of a drug test and background screening.

_____ I understand that I am required to attend an initial mentor training session and additional training during my mentoring relationship.

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that the Food Bank of Delaware is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow the Food Bank of Delaware to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to placement, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____